

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 101200001		CITY OR TO	WN RAYNHA	M
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		STAURANT, INC			
ADDRESS 77 BRO	ADWAY				
CITY/TOWN: RAY	YNHAM	STATE: M	A ZIP CODI	E: 02767	
	VTON, TY NCES	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V		R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
2. the licens	see has complied wit ises are now open fo	h all laws of the Co	ommonwealth relat		
	marviduai, r artiic	of Authorized Co	rporate Officer		
DATE:	TELEPHO!	NE NUMBER:		OYER IDENTIFICA $^{f T}$ Individual Social S	
We the undersigne Acts of 2004, signe license and (2) the		spector and the h	ead of the fire de	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 101200002		CITY OR TOWN RA	AYNHAM
APPLICATION FOR	R RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NAME:	RARE HOSPITAL	ITY INTERNATION	NAL, INC.	
DOING BUSINESS	A LONG HORN ST	EAKHOUSE		
ADDRESS 800 ROU	JTE 44			
CITY/TOWN: RAY	NHAM	STATE: MA	ZIP CODE: 0	2767
MANAGER: MOC LEE	ORE, LYNDA TYI	PE OF LICENSE: Res	staurant CATE	EGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
KITCHEN, DINING	AREA, BAR, LOU	NGE, SEATING 198	T OF GR OSS FLOOR . FRONT ENTRANCE S EMERGENCY, RES	FOR PUBLIC.
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the	same premises now lice	ensed;
2. the license	ee has complied with	all laws of the Comm	nonwealth relating to tax	xes; and
3. the premi	ses are now open for	business (If not expla	ain below)	
SIGNED BY:				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE				
DATE:	TELEPHON	E NUMBER:		ENTIFICATION NUMBER:
			(Note. NOT Individu	ual Social Security Number)
Acts of 2004, signed	d by the building in	spector and the head	e certificate required b l of the fire departmen equired by Chapter 11	t for the above named
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	uii <i>)</i>		·	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 101200003		CITY OR TOWN	RAYNHAM	I
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	SMC GROUP	LLC			
DOING BUSINESS	A FLYING DO	OG BAR & GRILL			
ADDRESS 524 BRO	DADWAY				
CITY/TOWN: RAY	YNHAM	STATE: MA	ZIP CODE:	02767	
MANAGER: BAR	RY, MARK	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		OUR WEBSITE AND ENTER YOUR I EMISES:	EMAIL ADDRESS		
I hereby certify and s	wear under pena	alties of perjury that:			
1. the renew	ed license will b	e of the same type for the	e same premises now	licensed;	
	_	with all laws of the Com	=	o taxes; and	
3. the premi	ses are now oper	n for business (If not exp	lain below)		
SIGNED BY:	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATI	
Acts of 2004, signed	d by the buildin	e are in possession (1) the g inspector and the hea quor liability insurance	nd of the fire depart	ment for the a	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED: [uin)				
(ii disappioved expir	···· <i>i</i>				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED	BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	01200005		CITY OR TOWN	KAINHAI	VI
APPLICATION FOR R	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: J DOING BUSINESS A ADDRESS 785 BROA CITY/TOWN: RAYN MANAGER: LOSCU EMAIL ADDRESS: PLE DESCRIPTION OF LICE	THE MILK BOTTLE DWAY HAM ITO, JAMIE TYPE O	STATE: MA F LICENSE: Res		02767 ATEGORY:	Wine and Malt Regular
2. the licensee 3. the premises SIGNED BY:	ear under penalties of p license will be of the s has complied with all la are now open for busi	ame type for the saws of the Comm	onwealth relating to in below)		
DATE: We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building inspect	ossession (1) the	(Note: NOT Ind	ividual Social S ed by Chapt nent for the	er 304 of the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	к: 101200007		CITY OR TO	WN KAINHA	IVI
APPLICATION FC	OR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: GOLDEN CHINA	A, INC.			
DOING BUSINESS	S A CHINA GARDI	EN REST			
ADDRESS 883 BR	OADWAY				
CITY/TOWN: RA	YNHAM	STATE: MA	A ZIP CODI	E: 02767	
	O, XUONG TY ANH	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	ISES:			
2. the licen 3. the prem	wed license will be o see has complied win hises are now open for	th all laws of the Co	mmonwealth relat		
SIGNED BY:	Individual, Partne	er or Authorized Co	rporate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA $f T$ Individual Social $f S$	
Acts of 2004, signe	ed, attest that we are ed by the building in e certificate of liquo	nspector and the ho	ead of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved exp	14111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 101200008		CITY	OR TOW	N KAINHA	IVI
APPLICATION FO	R RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME	: CHRISTOPHER	'S SEAFOOD & S'	ГЕАКНО	JSE, INC		
DOING BUSINESS	S A CHRISTOPHE	R'S SEAFOOD &	SEAKHOU	JSE		
ADDRESS 1285 BI	ROADWAY					
CITY/TOWN: RA	YNHAM	STATE: N	IA Z	IP CODE:	02767	
	SARIS, T EODORE	YPE OF LICENSE	:Restauran	t	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADI	DRESS		
DESCRIPTION OF	LICENSED PREM	IISES:				
3. the prem	see has complied w uises are now open f			-	g to taxes; and	
SIGNED BY:	Individual, Partr	er or Authorized C	orporate O	fficer		
DATE:	TELEPHO	ONE NUMBER:	,		ER IDENTIFICA	
We the undersigned Acts of 2004, signed license and (2) the	ed by the building	inspector and the	head of the	e fire depa	rtment for the	above named
Please Check Below:			LOG	CAL LICE	NSING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	Lain)					
(11 disappioved expl	iaiii <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200009		CITY OR TOWN RAYNHAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: COLDUNSKI II	NC.	
DOING BUSINESS A THE GREAT	AMERICAN PUB	
ADDRESS 1736 BROADWAY		
CITY/TOWN: RAYNHAM	STATE: MA	ZIP CODE: 02767
MANAGER: COLLINS, T WALTER W.	YPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION OF LICENSED PREM	MISES:	
ONE STORY BUILDING W/ KITCHE AND KITCHEN	EN,DINING ROOM,LO	OUNGE. ADDITION TO DINING AREA
3. the premises are now open for SIGNED BY:		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disapprovod enpium)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	101200010		CITY OR TOW	N RAYNHA	M
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: I DOING BUSINESS A		•			
ADDRESS 1958 BRO	ADWAY				
CITY/TOWN: RAYN	HAM	STATE: MA	ZIP CODE:	02767	
MANAGER: CARNI L.	EY GEORGE TYI	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LI		EBSITE AND ENTER YOUR I SES:	EMAIL ADDRESS		
2. the licensee	license will be of has complied with	the same type for the all laws of the Combusiness (If not exp	monwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:		'ER IDENTIFICA' Individual Social S	
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building in	spector and the hea	d of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 101200011		CITY OR TOWN RAY	NHAM
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	LT. CHESTER A.	BEARSE POST 405		
DOING BUSINESS	A THE AM. LEGIC	ON, INC.		
ADDRESS MILL S	TREET			
CITY/TOWN: RAY	YNHAM	STATE: MA	ZIP CODE: 0276	58
	FORD, TYI NADETTE M.	PE OF LICENSE: Vet	cerans club CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
		EBSITE AND ENTER YOUR EM	AAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
2. the licens	ved license will be of ee has complied with	the same type for the	same premises now license nonwealth relating to taxes ain below)	
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEDITOR	TE NII MOED	EMDI OVED IDENT	TIFICATION NUMBER:
2112.	TELEPHON	E NUMBER:	(Note: NOT Individual S	
Acts of 2004, signe	d by the building in	spector and the head	e certificate required by (I of the fire department for equired by Chapter 116 o	or the above named
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	ain)			
, and provide only in	··· ,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 101200014		CITY OR TOV	WN KAINHA	AVI
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 235 NEV	V STATE HWY				
CITY/TOWN: RAY	NHAM	STATE: MA	ZIP CODE	E: 02767	
MANAGER: thibe	ault, joshua	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		UR WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS		
2. the license	ed license will be ee has complied	lties of perjury that: e of the same type for the with all laws of the Con for business (If not exp	nmonwealth relati		
SIGNED BY:	Individual, Par	tner or Authorized Corp	porate Officer		
DATE:	TELEPH	IONE NUMBER:		OYER IDENTIFICA $oldsymbol{\Gamma}$ Individual Social	
Acts of 2004, signed	d by the building	are in possession (1) t g inspector and the hea nor liability insurance	ad of the fire dep	partment for the	e above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICE By:	ENSING AUTH	IORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I)1200015		CITY OR TOWN	KAINHA	IVI
APPLICATION FOR R	ENEWAL:	Annual	LICEN	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: SI DOING BUSINESS A ' ADDRESS 115 RTE 44 CITY/TOWN: RAYNE	THE JOCKEY CLUB		ZIP CODE:	02767	
MANAGER: SULLIV L.	'AN, JOHN TYPE O	F LICENSE:Rest	aurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICADDING A FENCED II I hereby certify and sweather than the renewed I are the licensee has been been also been been been as a second of the licensee has been been also be	N, OUTDOOR AREA	A OF 80X100 perjury that: name type for the saws of the Comm	same premises nov		
SIGNED BY:	ndividual, Partner or A	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	UMBER:			ΓΙΟΝ NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building inspect	tor and the head	of the fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	.K: 101200016		CITY OR TO	OWN KAINHA	AIVI
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME	: W. P. FIRST CO.,	INC.			
DOING BUSINESS	S A STONEFORGE	TAVERN & PUBL	ICK HOUSE		
ADDRESS PARAN	MOUNT DRIVE				
CITY/TOWN: RA	YNHAM	STATE: MA	ZIP COD	E: 02767	
	LAND, TY	PE OF LICENSE:R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS	i:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMI	SES:			
	see has complied with	business (If not exp	olain below)	ting to taxes; and	1
	Individual, Partner	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA T Individual Social	
Acts of 2004, signe	ed, attest that we are ed by the building in e certificate of liquor	spector and the he	ad of the fire de	partment for th	ne above named
Please Check Below:			LOCAL LIC	CENSING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	lain)				
(11 disappioved exp.	14111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 101200020		CITY OR TOWN	RAYNHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: APPLE NEW	ENGLAND LLC		
DOING BUSI	NESS A APPLEBEE	E'S NEIGHBORHOOD O	GRILL & BAR	
ADDRESS 080	00-2 ROUTE 44			
CITY/TOWN:	RAYNHAM	STATE: MA	ZIP CODE:	02767
MANAGER:	ANDREWS JR, WILLIAM R.	TYPE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
KITCHEN, DI	NING ROOM AND	FACILITY, APPROX. 50 BAR AREA, SEATING IT. REAR ENTRY/EXIT	FOR 200. FRONT E	
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now	licensed;
2. the	licensee has complied	d with all laws of the Cor	nmonwealth relating t	o taxes; and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY:	T 11 1 1 D		0.00	
	Individual, P	artner or Authorized Cor	porate Officer	
DATE:			EMPLOME!	
DATE.	TELEF	PHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			·	
				ed by Chapter 304 of the ment for the above named
	•	_	_	r 116 of the Acts of 2010.
Please Check Belo	DW:		LOCALLICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE	ED:		•	
(If disapproved	l explain)			_
			-	
DATE				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 101200025	CITYOR	IOWN KAINHA	AIVI
APPLICATIO	ON FOR RENEWAL: Ann	nual	LICENSED FOR 2	2013
	CLA	ASS		YEAR
DOING BUSI	AME: GREYHOUND PACKAGE ST NESS A '6 BROADWAY	ORE, INC.		
CITY/TOWN:	: RAYNHAM STATE:	MA ZIP CC	DDE: 02767	
MANAGER:	PABST, TYPE OF LICES CHRISTOPHER M.	NSE:Package Store	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OUR WEBSITE AND ENTI ON OF LICENSED PREMISES:	ER YOUR EMAIL ADDRESS		
1. the 2. the	y and swear under penalties of perjury the renewed license will be of the same type licensee has complied with all laws of the premises are now open for business (If the same type licensee has complied with all laws of the premises are now open for business (If the same type licensee).	e for the same premis he Commonwealth re		ı
	Individual, Partner or Authorize	ed Corporate Officer		
DATE:	TELEPHONE NUMBER	.	IPLOYER IDENTIFICA <u>NOT</u> Individual Social	
Please Check Bel APPROVED: DISAPPROVI	ED:	LOCAL I By:	LICENSING AUTH	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200028		CITY OR TOWN	RAYNHAN	M
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: DEBUCA'S	WINE & LIQUORS, INC.			
DOING BUSINESS A RAYNHAI	M WINE & LIQUORS			
ADDRESS 600 SOUTH ST WEST	Γ			
CITY/TOWN: RAYNHAM	STATE: MA	ZIP CODE:	02767	
MANAGER: CARP, BERNARD	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
12000 sq ft of retail and storage s I hereby certify and swear under pe 1. the renewed license will 2. the licensee has complie 3. the premises are now op	enalties of perjury that: I be of the same type for the ed with all laws of the Comm	nonwealth relating to		
SIGNED BY: Individual, F	Partner or Authorized Corpo	orate Officer		
DATE: TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 101200033		CITY OR TOWN KATNHA	IVI
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSI	AME: GURU CORP NESS A LANDY'S M 17 BROADWAY			
CITY/TOWN:	RAYNHAM	STATE: MA	ZIP CODE: 02767	
MANAGER:	PATE, KANAIYALAL B.	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT ON OF LICENSED PRI	OUR WEBSITE AND ENTER YOUR EMISES:	EMAIL ADDRESS	
1. the 2. the	licensee has complied premises are now open	e of the same type for th	e same premises now licensed; nmonwealth relating to taxes; and lain below)	
SIGNED 61.		rtner or Authorized Corp	oorate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	1200041		CITY OR TOWN	RAYNHAM	1
APPLICATION FOR RE	NEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: HA	ARRY J. TRAVAGI	LIONE AND DO	DLORES L. TRAVAC	GLIONE	
DOING BUSINESS A H	IARRY'S LACASA	MIA RESTAUI	RANT		
ADDRESS 840 BROAD	WAY				
CITY/TOWN: RAYNH	AM	STATE: MA	ZIP CODE:	02767	
MANAGER:	TYPE	OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICE	SE ALSO VISIT OUR WEBST ENSED PREMISES		EMAIL ADDRESS		
2. the licensee ha	cense will be of the	same type for th laws of the Com	e same premises now amonwealth relating to lain below)		
SIGNED BY:	dividual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICATI	
We the undersigned, at Acts of 2004, signed by license and (2) the certification.	the building inspe	ctor and the hea	d of the fire departr	nent for the a	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 101200042		CITY OR TOWN	RAYNHAM	Л
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
DOING BUSINESS	P & J MANAGEME A PEDDLER'S LOF , WEST & JUDSON S	Γ			
CITY/TOWN: RAY	YNHAM	STATE: MA	ZIP CODE:	02767	
	MMINGS, TYPI TTHEW	E OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE		MAIL ADDRESS		
	LICENSED PREMISI	ES:			
RESTAURANT, LC					_
	see has complied with a ses are now open for b	usiness (If not expl	ain below)	taxes, and	
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are i d by the building insp certificate of liquor li	ector and the hea	d of the fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 101200048		CITY OR TOWN KATNHA	AVI
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N.	AME: OCCASIONS	AT VILLAGE SOUTH,	LLC	
DOING BUSI	NESS A			
ADDRESS 47	3 SOUTH ST			
CITY/TOWN:	RAYNHAM	STATE: MA	ZIP CODE: 02767	
MANAGER:	KELLEY, CHRISTINE	TYPE OF LICENSE:Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
CELLAR; CLUDIRECTORS		OOR; MEETING ROOM	I,KITCHEN. SECOND FLR; BO	OARD OF
I hereby certify	y and swear under pena	llties of perjury that:		
1. the	renewed license will be	e of the same type for the	e same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now open	n for business (If not expl	ain below)	
SIGNED BY:				
		rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the building	g inspector and the hea	e certificate required by Chap d of the fire department for the required by Chapter 116 of the	e above named
Please Check Bel			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	101200050		CITY OR T	OWN RAYNHAI	M
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Dong Sheng R	estaurant, Inc			
DOING BUSINESS A	A Raynahm Ma	ndarin			
ADDRESS 283 ROU	ΓE 44				
CITY/TOWN: RAY	NHAM	STATE: MA	ZIP CO	DE: 02767	
MANAGER: Chen,	Jia Ling	TYPE OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L					
ONE FLOOR, FRON' BACK KITCHEN AR		, TWO EMERGENCY I REAR	EXITS, ONE	IN FRONT AND O	NE IN
2. the licensee	e has complied es are now oper	e of the same type for the with all laws of the Comn for business (If not expertment or Authorized Corp	nmonwealth re lain below)		
DATE:	TELEPI	HONE NUMBER:		PLOYER IDENTIFICAT	
Acts of 2004, signed	by the buildin	e are in possession (1) the g inspector and the hea uor liability insurance	d of the fire	department for the	above named
Please Check Below:			LOCAL I	ICENSING AUTH	ORITY
APPROVED:	\neg		By:		
DISAPPROVED: (If disapproved explain	 n)				
a supproved explain	··· /				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 101200053		CITY OR TOWN KATNHA	AIVI
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSINESS ADDRESS 240 BRO CITY/TOWN: RA MANAGER: DAN	S A BROADWA OADWAY (TR YNHAM NG,MINH H.	AY MARKET		All Alcohol
EMAIL ADDRESS		OUR WEBSITE AND ENTER YOUR	FMAII ADDRESS	
DESCRIPTION OF 2300 SF				
 the renev the licens 	ved license will see has complied	· -	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	
SIGNED BY:	Individual, P	artner or Authorized Corp	porate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 101200054		CITY OR TOWN KATNHA	AVI
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSII	NESS A WAL-MA	OUGH BEVERAGE COR RT SUPERCENTER #202		
ADDRESS 36	PARAMOUNT DR	IVE		
CITY/TOWN:	RAYNHAM	STATE: MA	ZIP CODE: 02767	
MANAGER:	CABRAL, HUMBERTO	TYPE OF LICENSE:P	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
	premises are now op	ed with all laws of the Conpen for business (If not expenses) Partner or Authorized Corp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 101200056		CITY OR TOW	VN RAYNHAI	M
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	H.J. RAYNHAM H	IOTEL, INC.			
DOING BUSINESS	A COURTYARD B	Y MARRIOTT			
ADDRESS 37 PARA	MOUNT DRIVE				
CITY/TOWN: RAY	NHAM	STATE: MA	ZIP CODE:	: 02767	
MANAGER: ROM	EIRO, SHERRITYP	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I				POOL MANY	
99 ROOM HOTEL W ENTRANCE, LOBB				ROOM. MAIN	
I hereby certify and s	waar undar nanaltias	of pariury that			
•	ed license will be of t	1 0 0	e same premises n	now licensed:	
	ee has complied with	• •	•		
	es are now open for			,	
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEDIAN	E MUMBED.	EMPI O	YER IDENTIFICAT	FION NUMBER:
2112.	TELEPHON	E NUMBER:		Individual Social S	
We the understand	Lattact that we are	in neggession (1) ti	na aartifiaata raa	wined by Chant	on 204 of the
We the undersigned Acts of 2004, signed					
license and (2) the c					
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expla	 in)				
(ii disappioved expid	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	l: 101200057		CITY OR TOWN	RAYNHAN	M
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HIBACHI SUS	HI BUFFET INC.			
DOING BUSINESS	A HIBACHI SU	SHI BUFFET			
ADDRESS 59 NEW	STATE HIGHW	VAY			
CITY/TOWN: RAY	YNHAM	STATE: MA	ZIP CODE:	02767	
MANAGER: LU, A	AI HUI	TYPE OF LICENSE:Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF					
		X. 7021 SQ FT WITH I AR AND LOUNGE, ON		O EXITS	
I hereby certify and s					
1. the renew	ed license will be	e of the same type for the	e same premises now	licensed;	
2. the license	ee has complied	with all laws of the Com	monwealth relating to	taxes; and	
3. the premis	ses are now open	for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Par	tner or Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
			(1000) <u>2102</u> mg	TVIdual Social S	ceurity (valider)
Acts of 2004, signed	by the building	are in possession (1) the g inspector and the hea nor liability insurance	d of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	<i>)</i>				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 101200058			CITY OR TOWN RAYNHAM				
APPLICATION FOR	RENEWAL:	Annu	al	LICE	ENSED FOR 20	013	
		CLAS	SS			YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 1470 Rou	A						
CITY/TOWN: RAY		STATE:	MA	ZIP CODE:	02767		
MANAGER: chen,		E OF LICEN			CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:							
J	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAII	ADDRESS		_	
DESCRIPTION OF I	LICENSED PREMIS	ES:					
first floor premise con the front and rear egre		f space includ	ing kitche	n and dining r	oom with an en	trance in	
3. the premis	es are now open for b	,					
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT		
We the undersigned Acts of 2004, signed license and (2) the c	by the building insp	pector and th	e head of	the fire depa	rtment for the	above named	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)			LOCAL LICE By:	NSING AUTH	ORITY	
DATE:							